

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Employment Application

Applicant Name (Last, First, MI)		Application Date
Address (Street, City, State, Country, ZIP)		E-Mail Address
Home Phone	Business Phone	Other Phone (Specify)
Have you ever been convicted of a crime, including but not limited to criminal traffic infractions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what charges? Date and place of conviction:		
Have you ever pled <i>nolo contendere</i> (no contest) or pled guilty to a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what charges? Date and place of conviction:		
Have you ever had adjudication of guilt withheld for a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain. Date and place of disposition:		
Have you ever been a defendant in a civil action? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, nature of claim: Date and place of claim:		
NOTE: A yes answer to any of these questions will not automatically bar you from employment. The nature, job relatedness, severity, number of offenses and date(s) of offense(s) in relation to the position for which you are applying will be considered.		
I understand that any misstatement, misrepresentation, omission or falsification of facts may disqualify me from employment considerations and if I am hired may result in my termination at any time without previous notice.		
Position(s) Applied for:		Job Reference Number(s):

How did you learn about career opportunities at the South Florida Water Management District?

<input type="checkbox"/> College / University	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Monster.com	<input type="checkbox"/> Professional Web Site
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Minority Job Fair	<input type="checkbox"/> Newspaper	<input type="checkbox"/> SFWMD Web Site
<input type="checkbox"/> Job Bulletin	<input type="checkbox"/> Minority Publication	<input type="checkbox"/> Professional Journal	<input type="checkbox"/> Other: (Please describe)
If you selected "Employee Referral" please provide Employee Name			
If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Minimum Salary Requirement
If no, please explain:			\$

Locations Available for Employment

<input type="checkbox"/> Clewiston	<input type="checkbox"/> Ft. Myers	<input type="checkbox"/> Kissimmee	<input type="checkbox"/> Naples	<input type="checkbox"/> Orlando	<input type="checkbox"/> West Palm Beach
<input type="checkbox"/> Ft. Lauderdale	<input type="checkbox"/> Homestead	<input type="checkbox"/> Miami	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Stuart	

Technical / Professional Licenses and Certifications

<input type="checkbox"/> ASCE	<input type="checkbox"/> CDL B	<input type="checkbox"/> CPA	<input type="checkbox"/> FL Bar	<input type="checkbox"/> PG
<input type="checkbox"/> CDL A	<input type="checkbox"/> Class D Opr	<input type="checkbox"/> EIT	<input type="checkbox"/> PE	<input type="checkbox"/> Other _____

School	Name and Address	Graduate?	Major / Minor	Degree	Classroom Hours	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Vocational / Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Training Certificates		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Last Name (print):

Skills (applicable to this job)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Employment History

Present or Previous Employer	Type of Business	Supervisor's Name	Phone Number	Annual Salary \$
Street Address, City, State, ZIP		Your Job Title	From Month/Yr	To Month/Yr
Duties Performed				
If No Longer Employed, Reason for Leaving			May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employer	Type of Business	Supervisor's Name	Phone Number	Annual Salary \$
Street Address, City, State, ZIP		Your Job Title	From Month/Yr	To Month/Yr
Duties Performed				
Reason for Leaving				

Previous Employer	Type of Business	Supervisor's Name	Phone Number	Annual Salary \$
Street Address, City, State, ZIP		Your Job Title	From Month/Yr	To Month/Yr
Duties Performed				
Reason for Leaving				

Last Name (print):

Applicant's Statement

It is the policy of the South Florida Water Management District to provide fair and equal employment opportunities in the areas of recruitment, employment, training, promotion, compensation, discipline, demotion, separation, benefits, and all terms and conditions of employment without regard to the race, sex, color, religion, national origin, age, disability, marital status, or sexual orientation of the employee or applicant. The District provides Veterans' Preference in employment as provided in Chapter 295, Florida Statute. Persons needing accommodations in accordance with the Americans with Disabilities Act, please notify Human Resources.

I hereby certify that all statements made in this application and attached resume if included, are true. Pursuant to Public Records Law, I understand that my application/resume is subject to public review. I understand that any misstatement, misrepresentation, omission or falsification of facts may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will result in dismissal at any time without any previous notice. I understand that after a conditional offer of employment, the following tests, checks, or information may be required as a condition of employment with the District: drug screen, medical evaluation, workers' compensation, background check, driver's license records check, credit report, criminal history check, and a physical demonstration of job-related skills. I therefore authorize the South Florida Water Management District to investigate all statements made on this application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the District to contact my former employer(s), educational institutions, and other persons who can verify information. I give my consent for former employers and other contacted persons to respond to questions pertaining to the information on this application. If I am employed by the District, I hereby authorize the District to deduct the cost of my pre-placement examinations from any salary or wage due me or bill me if I voluntarily leave the employment of the District during the first 30 days of my employment or if I fail to report to work.

I understand that my employment with the District is for no specific term and may be terminated by me or the District with or without notice or cause at any time. I further understand that no oral promise, policy, custom, business practice or other procedure (including the District's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the South Florida Water Management District.

I understand, also, that if employed by the District, I am required to abide by all rules, policies, procedures, and regulations currently in effect. The contents of any employee handbook or personnel manuals, as well as other District policies and practices, are subject to change or modification by the District, solely at its discretion, without notice. I also understand that no supervisor or other official of the District has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing. I understand that if employed by the District, my continued employment in a position which requires a commercial driver's license is contingent upon maintaining a current commercial driver's license as required by Florida's Department of Highway Safety and Motor Vehicles under the Uniform Classified Commercial Driver's License Act.

I understand that the District will issue me property needed to access District resources and/or to conduct my work. I agree to return such property upon my separation of employment. In the event I do not return such issued property upon separation, I will be liable to the District for the fair market value of said property as determined by a District representative, and I hereby authorize the District to deduct this amount from my final paycheck.

I understand that if I have a relative(s) employed by the District that I may not be employed in a position over which the relative has been delegated the authority to appoint, employ, promote, advance, or review me. I understand and agree to notify the District as to the applicability of the Nepotism Policy to any other positions that I might hold subsequent to the position(s) for which I am applying.

I understand that I may be required to be on call and/or work overtime in accordance with District policy. In addition, I understand that the District may require me to be on duty before, during, or after an emergency event/disaster.

Signature

Date Signed

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Voluntary EEO Survey

Although the following information is not mandatory, it is requested to aid the South Florida Water Management District to meet federal reporting requirements.

a. Sex: ☐ Male ☐ Female

b. Date of Birth: _____

c. Race (check only one): ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander ☐ Native American

d. Do you claim Veteran's Preference? ☐ Yes ☐ No

NOTE: Employer removes this section prior to the selection process.

Original documentation or notarized copies substantiating your claim must be provided at time of application. Copies will be made and originals returned to you. Contact Human Resources if you require a list of acceptable documents. If an applicant claiming Veterans' Preference is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs. Complaint must be filed within time periods described in Rule 55A-7 016(1), Florida Administrative Code.

sfwmd.gov

Last Name (print):

Notice of Intent to Obtain a Consumer Credit Report

I understand that, as a condition of my consideration for employment with South Florida Water Management District, or as a condition of my continued employment with South Florida Water Management District, South Florida Water Management District may obtain a consumer report that includes, but is not limited to, my credit history or similar characteristics, employment and education verifications, social security verification, criminal and civil history, Department of Motor Vehicle records, any other public records, and any other information bearing on my credit standing or credit capacity.

I understand that, pursuant to the federal Fair Credit Reporting Act, Accurate Background Checks, Inc., an agent of the South Florida Water Management District, will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with South Florida Water Management District. I further understand that such a report will be made available to me prior to any such decision being made.

Printed Name of Applicant or Employee	Signature	Date Signed
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For inquiries and reports, contact: **Accurate Background Checks, Inc.** – Toll Free Tel.: (877) 611-2277 – Toll Free Fax: (877) 913-2277